

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033246

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 10 1963

1. PLACE OF DEATH

a. COUNTY **Randolph**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Moberly**Length of stay in 1b
2-Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Woodland Hospital**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Chariton**c. CITY
OR
TOWN **Keytesville**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
605-S. Grand Ave.Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Christine**Elizabeth****Enderle**

4. DATE OF DEATH

Month

Day

Year

Sept. 4th, 1963

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-24-1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

New Baden, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Hurst

13b. MOTHER'S MAIDEN NAME

Elizabeth Heddesheimer

14. NAME OF HUSBAND OR WIFE

William Enderle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rudolph Enderle**Keytesville, Mo**

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture, femur, right intertrochanteric.

INTERVAL BETWEEN ONSET AND DEATH

2 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture, Colles' right.**Myocardial infarction, old.**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall at home.

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

20f. CITY, TOWN, OR LOCATION

Keytesville

COUNTY

Chariton

STATE

Missouri21. I attended the deceased from **Sept. 2, 1963** to **Sept. 4, 1963** and last saw **alive** on **Sept. 4, 1963**
Death occurred at **9:15 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Charles Enderle**M.D.****Moberly, Missouri****9-5-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-6-1963

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Keytesville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.D. Garnett**Keytesville, Mo.**

25. DATE RECD. BY LOCAL REG.

Sept. 5-1963

26. REGISTRAR'S SIGNATURE

W. E. White

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0887

2 0210

3

4 1

5 2

6

7 1

8 2

9 9040

10 21

11 021

12 5-0

13 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. D. Gammitt

Licensed Embalmer No. 3046

P. O. Address

Key, Tenn. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.